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ABSTRACT

Issues are discussed and recommendations are offered to policymakers on the preparation of practitioners to work with infants, toddlers, and their families. Section I examines eforts to define "competence" for practitioners and programs. Section II describes in detail four key elements of training for infant/family practitioners, illustrating how they can be incorporated into different educational models and settings. Section III provides examples of promising approaches to enhancing competence through training in preservice, inservice, and continuing education, profiling 10 programs, such as the Interdisciplinary Specialization in Infancy Program of the University of Illinois at Urbana-Champaign; the Clinical Supervision Seminar, Erickson Institute (Chicago); Support Network of North Carolina; San Francisco General Hospital's Infant-Parent Program; and the Chronic Illness Teaching Program at Michigan State University. Section IV suggests priorities for collaborative action among policymakers, parents, educators, and professionals to improve training of infant/family practitioners. Appendix A outlines a set of core concepts in non-technical language that can form a knowledge base common to parents, policymakers, educators and trainers, and other professionals across disciplines. Apendix B lists resources for further information. (RH)

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Preparing Practitioners to Work with Infants, Toddlers and Their Families:

Issues and Recommendations for Policymakers

The TASK Project
Training Approaches for Skills and Knowledge

EMILY SCHRAG FENICHEL
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in collaboration with
The TASK Advisory Board

National Center for Clinical Infant Programs

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Four distinct but related documents have been produced by the TASK Project under the general title *Preparing Practitioners to Work with Infants, Toddlers and Their Families.* The four documents are subtitled:

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Summary

All practitioners who work with infants, toddlers, and their families need specialized knowledge and skills to address the unique developmental needs of children and parents in the first three years of life. In settings ranging from day care centers to newborn intensive care nurseries, specialized training is proving critical to the performance of staff and to improved developmental outcomes for infants and toddlers. Training programs in all health and human services disciplines face a formidable challenge: They must enable practitioners both to acquire the knowledge and skills of their own discipline and to adapt them to the specific requirements of work with infants, toddlers and their families.

Training is a lifelong proposition for practitioners working with infants, toddlers and their families. New research findings are continually expanding our understanding of the complexities of early development. New intervention approaches—most often involving close collaboration between parents and professionals, and across professions—are being tested and evaluated. To become and remain competent, infant/family practitioners need up-to-date preservice preparation, meaningful inservice training, and high quality continuing education opportunities.

The TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs has identified four elements of training that seem particularly likely to help individuals become competent infant/family practitioners. These include:

- A knowledge base built on a framework of concepts common to all disciplines concerned with infants, toddlers and their families;
- Opportunities for direct observation and interaction with a variety of children under three and their families;
- Individualized supervision that allows the trainee to reflect upon all aspects of work with infants, families and colleagues from a range of disciplines; and
- Collegial support, both within and across disciplines, that begins early in training and continues throughout the practitioner's early life.

Preparing Practitioners to Work with Infants, Toddlers and Their Families is designed as a resource for four groups with a major stake in the training of infant/family personnel. These groups include parents, educators and trainers, practitioners from a variety of disciplines, and policymakers.

Preparing Practitioners describes how each of the four elements of training can be made a part of preservice, inservice and continuing education. The publication also discusses the evaluation of competence in individual practitioners and in service programs; describes promising training approaches that are currently underway; and summarizes in specific but non-technical language seven core concepts common to all disciplines concerned with infants, toddlers and their families. An Agenda for Action lists ten recommendations for improving the competence of infant/family practitioners by enriching the elements of training and addressing the context in which training and practice occur.

Introduction

"In settings ranging from day care centers to newborn intensive care nurseries, specialized training is proving critical to the performance of staff and to improved developmental outcomes for infants and toddlers."

Policymakers at every level and in every branch of government, as well as in the private sector, are leaders in a growing national movement to invest in young children and their families, beginning in the earliest years of life. Policymakers are particularly concerned about improving the chances of children born into poverty and of children with disabilities or special health care needs. But they are also worried about how to support and strengthen families that are coping with the "ordinary" stresses of working, caring for children, and simply staying together.

Many policymakers recognize that the effectiveness of programs designed to improve developmental outcomes for very young children and their families depends heavily on the competence of their front-line and supervisory staff. In settings ranging from day care centers to newborn intensive care nurseries, specialized training is proving critical to the performance of staff and to improved developmental outcomes for infants and toddlers.

This document prepared by the TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs*, presents a consensus about training issues that is emerging among four groups with a major stake in training personnel for work with infants, toddlers and their families. These groups include parents, educators and trainers, professionals from a wide range of disciplines, and policymakers.

Preparing Practitioners to Work with Infants, Toddlers and Their Families recognizes the need for major, systemic changes to address long-neglected training issues. It also suggests immediate steps that policymakers can take in the short term, using existing resources.

An emerging consensus

Although they derive from complex insights about child and family development and the nature of family/professional relationships, central propositions about training for infant/family practitioners** can be stated succinctly.

1. Specialized knowledge and skills are required to support the development of children from birth to three and their families.

Generic knowledge and human services skills are necessary, but not sufficient, to address the unique developmental needs of children in the first three years of life.

Training programs for infant/family practitioners—whether they are at the level of preservice, inservice or continuing education—must enable practitioners to adapt the knowledge and skills of

*The TASK (Training Approaches for Skills and Knowledge) Project of the National Center for Clinical Infant Programs began in 1988. The Project is guided by the expertise and insight of ten professionals and parents with many years of experience in working with infants, toddlers and families and in training practitioners. The activities of the Project are designed to provide a framework for thinking about key issues that will be meaningful to all groups involved with infants, toddlers and their families, and to develop a common language for dialogue. Since early in 1988, TASK Project staff and advisors have created a nationwide communications network of approximately one thousand individuals who are engaged in some aspect of the training of infant/family practitioners. In addition, the Project has been involved formally or informally with a number of national and state personnel preparation initiatives related to the implementation of P.L. 99-457, the Education for the Handicapped Act Amendments of 1986. TASK staff and advisors have also developed a series of publications under the general title *Preparing Practitioners to Work with Infants, Toddlers and Their Families*, to assist each "stakeholder" group in addressing training issues of particular concern.

**A note on terminology: The term "infant/family" is used to preface the word "practitioner", "practice" or "personnel" in order to capture the twin focus that is at the heart of efforts to support the development of children between the ages of birth to three and their families. In this document "infant" is used to refer to a child anywhere between birth and three years of age. We also use the phrases "infants and toddlers" or "very young children" to refer to this age group.

The term "practitioner" as used in this document also requires clarification. A practitioner can be a professional, a paraprofessional, a parent, or a community volunteer. For purposes of this document, a practitioner is an individual engaged in substantial, ongoing activities designed to support the development of infants, toddlers and their families. To minimize confusion, a child is referred to as "he" throughout the document and an adult, unless otherwise specified, as "she."

their own discipline to the specific requirements of work with infants, toddlers and their families.

2. Training to work with infants, toddlers and their families is a lifelong proposition.

New research findings are continually expanding our understanding of the complexities of early development. New challenges—such as the needs of drug-exposed infants or opportunities to provide home-based care for technology-assisted young children—are constantly emerging. New intervention approaches, most often involving close collaboration between parents and professionals, and across professions, are being tested and evaluated. To become and remain competent, infant/family practitioners need up-to-date preservice preparation, meaningful inservice training, and high quality continuing education opportunities.

"Policymakers, both in government and in the private sector, have unique opportunities to lead significant training initiatives in three areas."

3. Four key elements that have been identified in exemplary preservice, inservice and continuing education programs across the country seem particularly likely to help individuals become competent infant/family practitioners.

- A knowledge base built on a framework of concepts common to all infant/family disciplines;
- Opportunities for direct observation and interaction with a variety of children under three and their families;
- Individualized supervision that allows the trainee to reflect upon all aspects of work with infants, families and colleagues from a range of disciplines; and
- Collegial support, both within and across disciplines, that begins early in training and continues throughout the practitioner's professional life.

Current needs

While a number of exemplary preservice, inservice and continuing education programs for infant/family personnel—described in Section III of this publication—incorporate these four elements, they remain exceptions in the field.

Barriers to meaningful systemic improvement in training approaches include:

- Low salaries across occupational categories that serve young children and families, which reduce both the pool of trainees and potential contributions from alumni;
- The slow pace of curriculum change in institutions of higher education;
- Lack of coordination among public and private sources of training funds; and
- Unremitting pressures to respond to service system crises at the expense of investment in training and staff development.

Moving forward

To move forward, training issues must be high on the agendas of all groups concerned about the well-being and development of young children and their families. Parents, professional organizations, educators and trainers, and policymakers need to work together for long-term change.

In the short term, policymakers, both in government and in the private sector, have unique opportunities to lead significant initiatives in three areas.

- Whether or not training funds are increased, policymakers and administrators are responsible for allocating resources already dedicated to preparation of personnel to serve children under three and their families. Policymakers in government and in the private sector can give priority in funding to training programs that will offer trainees an infant/family knowledge base, direct interaction with infants and families, supervision, and collegial support, or to initiatives that will strengthen one or more of these four elements.
- Policymakers, particularly those at the state level, are being called upon to make far-reaching decisions about licensure and certification criteria for infant/family personnel. Whether they are setting standards for child care providers, early childhood special educators, or any of the other many disciplines involved with infants and families, policymakers can maintain and increase competence by requiring appropriate inservice and continuing education for infant/family practitioners.

• Policymakers set standards for service programs to children under three and their families, and oversee their performance. By identifying staff training as an important indicator of program quality to be considered in evaluation and funding decisions, policymakers can send a strong message to program directors: To achieve positive child and family outcomes, we expect you to include adequate resources in your budget to recruit well-trained staff, to provide ongoing supervision and training, and to offer opportunities for professional development.

Preparing Practitioners to Work with Infants, Toddlers and Their Families explores these ideas in greater depth in the following pages. Section I examines efforts to define "competence" for practitioners and programs serving infants, toddlers and their families. Section II describes the four key elements of training for infant/family practitioners in more detail, illustrating how they can be incorporated into different educational models and settings. Section III provides examples of promising approaches to enhancing competence through training in preservice, inservice and continuing education. Section IV suggests priorities for collaborative action among policymakers, parents, educators and professionals to improve training of infant/family practitioners. Appendix A outlines a set of concepts in non-technical language that can form a knowledge base common to parents, policymakers, and professionals across disciplines. Appendix B lists resources for further information.

Does training make a difference?

When asked to identify the elements essential to providing high quality, effective services for infants, toddlers and their families, experts in the field always stress the importance of well-trained, competent staff. Yet because staff training must be combined with other program elements—such as individualization of care, flexibility of approach, caseload size, and appropriateness of goals—to achieve effectiveness, data specifically related to the impact of training upon staff performance and child outcome are rare.

Findings from two recent studies are impressive, especially because they address infant/toddler child care and neonatal intensive care units, environments that serve particularly vulnerable young children and their families.

• The 1989 National Child Care Staffing Study of 227 metropolitan child care centers found that the amount of formal education obtained by a teacher was the strongest predictor of appropriate teacher behavior, with specialized training emerging as an additional predictor in infant classrooms. The amount of experience did not predict teacher behavior.

• A New York state comparison of trained versus untrained NICU nurses and their use of appropriate developmental interventions for preterm infants showed that the nurses who received special training used more effective care interventions in the Neonatal Intensive Care Unit than nurses who did not receive the training. These results support the efficacy of specialized NICU nurse training in changing nurses' clinical behaviors and implementing new health care procedures for hospitalized high-risk infants.

I. Defining competence in infant/family personnel and programs

"In a field in which the knowledge base is expanding rapidly, and in which effectiveness depends heavily on personal qualities as well as on expertise, defining competence is no simple matter."

Policymakers—like parents, administrators, and practitioners themselves—want services for young children and families to be provided by competent personnel. But in a field in which the knowledge base itself is expanding rapidly, and in which effectiveness depends heavily on personal qualities as well as on expertise, defining competence is no simple matter.

Policymakers are frequently called upon to set standards of competence for categories of individual practitioners: Who should be licensed to provide certain services? Who should be authorized to engage in practice independently, and who must be supervised? What mechanisms assure the public that a practitioner maintains an acceptable level or skill?

Policymakers also confront issues concerning the overall staff competence of particular service programs or of large service systems: How can states meet the personnel demands of P.L. 99-457: What is the impact of staff turnover on the quality of an infant/toddler child care center? What are reasonable expectations for community parent/child development programs that rely on neighborhood workers with little formal training? Can a child welfare system respond adequately to the special needs of large numbers of drug-exposed infants?

Looking at individual and at program competence may clarify the policy issues at stake.

Individual competence

"Competence can be defined as the ability to do the right thing, at the right time, for the right reasons."

Competence can be defined as the ability to do the right thing, at the right time, for the right reasons. Competence involves the capacity to analyze a situation, consider alternative approaches, select and skillfully apply the best observation or intervention techniques, evaluate the outcome, and explain each step of the process. Competence generally requires a combination of knowledge, skills and experience. Competence for work with infants and families cannot be inferred from the completion of academic coursework alone; it must be demonstrated.

Because appropriate demands on an infant/family practitioner may vary so widely, it is important to recognize a continuum of competence. Whatever the discipline involved, the professional tends to move from an approach that follows learned protocols to a more independent practice, guided by the integration of experiences, increased knowledge and sharpened observation. A new graduate of any training program, even one with infant/family content and supervised practicum experiences, begins practice on the first rung of the competency ladder and climbs from there. She gradually builds a repertoire of behavioral skills that reflect the principles and basic beliefs she holds about those with whom she works and about herself as a professional. She learns to deal with increasingly complex demands of daily practice. As she masters skills and deepens understanding, she begins to teach others as she continues to explore new aspects of the field.

This professional growth is not a given, however. Some practitioners seem unable to move beyond the novice stage; others seem to move very rapidly to positions of leadership; others experience some form of "burn-out" and become less competent over time.

To evaluate the competence of an infant/family practitioner, then, one needs to understand the particular demands of the job and the training and experience that the practitioner has brought to the task.

Certifying the competence of the individual practitioner

To certify the competence of the child care provider, the early childhood special educator, the neonatologist, or any other infant/family practitioner, one would need to describe exactly what kinds of behavior are to be expected from a practitioner judged to be competent in a particular area, and one would need either to observe competent behavior in practice or to be confident that performance on an examination reflected on-the-job competence.

"To certify the competence of any infant/family practitioner, one would need to describe exactly what kinds of behavior are to be expected from a practitioner judged to be competent in a particular area, and one would need either to observe competent behavior in practice or to be confident that performance on an examination reflected on-the-job competence."

For example, the Child Development Associate (CDA) Credential Award System was designed to assess the competence of a person while she is working directly with children. The assessment process evaluates a candidate's performance in 13 functional areas over a 12 week period. Each competency area is broken down into a number of specific behaviors that can be observed in actual interaction between a caregiver and infants, toddlers and their families. When taken together, these observed behaviors indicate the presence or absence of that competency.

As part of the implementation of P.L. 99-457, the Education for the Handicapped Act Amendments of 1986, states are working to recognize or develop certification requirements for a variety of professionals and paraprofessionals who work in early intervention programs. Professions named in the legislation include audiologists, nurses, nutritionists, occupational therapists, physical therapists, physicians, psychologists, social workers, special educators and speech and language pathologists. States are also permitted to determine the specific occupational categories required to provide early intervention services to children and to revise or expand these categories as needed. The professions or disciplines need not be limited to traditional occupational categories.

Few professions named in the legislation have delineated the infant/family content in their discipline, let alone suggested mechanisms for certifying competence that are based on observation of actual practice. This difficult work is just beginning.

The Division for Early Childhood, Council for Exceptional Children has recommended the establishment of Early Childhood Special Education as an area of professional certification, with a Continuing Professional Certificate focused on infant/toddler practice. The Council's recommendations urge states to consider whether certification should be competency-based, and if so, whether graduates of approved training programs would be deemed competent, or whether the state itself would assess competence.

The Board of Directors of the California Nurses Association has endorsed nursing standards for early intervention services for children and families at risk. The standards were developed by a task force of nurses from diverse areas of nursing practice, including community, school, maternal and child health, and mental health nursing, as well as nursing educators and nurse consultants. The standards discuss responsibilities appropriate for nurses with varying levels of preparation. They describe the activities of a nurse in specific areas such as nursing diagnosis, intervention with families, and case management and criteria for assessing outcome. The standards also specify "structure criteria"—including appropriate staffing patterns, opportunities for consultation, and valid and reliable assessment tools—that must be present in the practice setting to support the nurse's activity.

These efforts illustrate the ways in which professions are defining infant/family content and recognizing a continuum of competence within areas of practice with infants, toddlers and their families. The notion of "structure criteria" goes beyond consideration of the competence of an individual practitioner and addresses what might also be called "program competence."

A consensus is emerging across a number of disciplines that the following general areas of competence are important for all practitioners working with both typically and atypically developing infants, toddlers and their families. These broad areas offer a framework within which to place the specific behavioral criteria needed to certify the competence of practitioners in a particular discipline or of workers with particular responsibilities. In addition, these areas can provide a general guide to planning training experiences for students and practitioners in the field.

These areas include:

- **Mastery of relevant information, data, concepts and theories;**
- **Adaptation of the knowledge, skills, and service approaches of a given profession to the particular circumstances and needs of children from birth to three and their families;**
- **Use of self-knowledge in collaboration with families, colleagues and others to support the development of infants and toddlers; and**
- **Continuing growth through study, research and reflection.**

It is the integration of knowledge and skills across these areas that is the hallmark of the competent practitioner. She must be able to apply knowledge and skills to the circumstances of individual infants and parents; be able to explain why she has chosen certain approaches; and be sensitive to the impact of her words and actions on the relationship with both child and parent. She must use her experiences, successful and unsuccessful, as material for further learning.

"The combination of knowledge, skills and experience needed within a staff will depend on the specific responsibilities and goals of the service program itself, and on the program's place within the larger service delivery system."

Program competence

Thinking about competence in relation to service programs raises a new set of questions. The combination of knowledge, skills and experience needed within a staff will depend on the specific responsibilities and goals of the service program itself, and on the program's place within the larger service delivery system.

For example, existing staff of a program that is hoping to address more comprehensively the health, child care, and early intervention needs of infants and parents living in a small, economically disadvantaged community may be unprepared initially to offer such a broad array of services. If personnel with desired competencies cannot be recruited, what services or supervision could be provided by consultants? What on-the-job training could be expected to give current staff the skills they need? Should program goals and responsibilities be redefined?

"When competence within large service delivery systems is considered, a major issue is the best use of personnel who have specialized skills that are in short supply."

When competence within large service delivery systems is considered, a major issue is the best use of personnel who have specialized skills that are in short supply. For example, is a physical therapist with infant-toddler experience best used as a front-line practitioner in a regional medical center or as a circuit-riding consultant to a number of community-based programs? Are caseloads and reimbursement policies set in a way that encourages program directors to allow staff the time to share expertise?

Again, the focus must be on demonstrated competence rather than on paper credentials. To provide effective case management for families of young children with disabilities, for example, staff of an early intervention program would need good working relationships with a variety of community resources. Thus a recently graduated social worker, trained in principles of community organization and hired as a case manager, is likely to know less about effective networking on behalf of the program's participating families than therapists who have worked in the program and community for several years. A pooling of the staff's theoretical and practical knowledge will be needed to serve families well. With time, as the social worker adds experiential knowledge to her specialized community organization skills, a new level of "program competence" may be achieved. This early intervention program may be ready to take a position of leadership in the community with regard to interagency coordination of care.

Overall competence in an infant/family service program comes from a blend of more experienced and less experienced staff whose conceptual, technical and practical expertise complement and enrich each other. Yet salary structures and extremely difficult working conditions in the field often prevent service programs from reaching or maintaining this kind of staff competence. Poorly paying child care programs, for example, may lose their entire front-line staff in the course of a year, with demoralized caregivers frequently leaving the field altogether. Early intervention professionals, whatever their discipline or work setting, find it difficult to maintain a commitment to a work setting that imposes large caseloads and fails to offer adequate supervision or support. Practitioners promoted to supervisory positions are often required to deal with administrative issues for which their clinical skills have not prepared them.

Directions for policy development

Each professional discipline or occupation concerned with infants, toddlers and their families can make an important contribution to policy and practice by articulating specific competence criteria for its own individual practitioners who work with infants, toddlers and their families. These can become the basis for

appropriate licensure, certification or endorsement standards. Despite understandable pressures for the rapid development of personnel standards to meet staffing needs, each discipline should resist temporary, and perhaps inadequate, short-term solutions. Instead, they should invest the time and effort necessary to establish appropriate guidelines for certification and licensure that are likely to enhance collaboration and policymaking over the long term.

The notion of "program competence" for staff needs to become an integral part of the design of new service programs and the evaluation of ongoing services. All programs that serve infants, toddlers and their families need clear statements of goals and objectives, and a clear conceptual link between these goals and objectives and their intervention approach. A match between the combined skills of staff—including the staff's ability to share expertise—and program objectives will improve the chances of success.

What does competence look like?

The following examples suggest how general infant/family competencies may be reflected in specific professional roles.

The child care provider

A competent child care provider for infants and toddlers must develop a mutually satisfying and pleasurable relationship with each baby in her care while also attending to the group as a whole. Even the beginner must manage the basic skills of feeding, diapering and comforting that are required by infants each day. The more skilled practitioner will be able to use these routines as opportunities to encourage particular areas of development in the child.

The competent child care provider develops positive relationships with parents. The provider with limited training or experience may be comfortable only with families who share her culture or values, while a more competent caregiver may be able to work with infants and families with a variety of characteristics and beliefs.

The competent child care provider can work effectively with other professionals on behalf of the infant and family. For the beginner this may mean incorporating guidance from a health care professional into her own activities. An experienced provider may contribute her own observations to a multidisciplinary assessment.

At every stage, the competent child care provider evaluates what she is doing on a continuing basis, reflects on how she could do it better, and is open to new learning.

The early childhood special educator

While the early childhood special educator will need many of the child care provider's skills in order to work effectively with infants with disabilities and their families, her daily practice may look very different from that of the child care provider. She will probably be working with child and parent together in a center, a hospital, or the family's own home. Since the infants she sees will have come to her attention because of some concern about their development, she will need to use her relationship with the family and resources in the environment to create experiences for the baby that will offer specific as well as general opportunities to develop social, motor, communication, self help, cognitive and behavioral skills.

Even the beginning professional will be expected to be an actively contributing member of a multidisciplinary team. The infant special educator will need sufficient verbal skills to develop oral and written analyses of the child and family circumstances and to discuss these formulations with other professionals as well as with the family.

The experienced early childhood special educator is likely to be responsible for supervising professional and paraprofessional staff, student teachers and interns. She will also be a resource to colleagues in informal consultation and through contributions to professional organizations.

The neonatologist

The neonatologist may spend most of her days, and many nights and weekends as well, in the stressful world of the neonatal intensive care unit, where years of general and specialized medical training are brought to bear on critical decisions concerning the survival and physical health of very sick infants.

Even as a beginning specialist, the neonatologist is likely to be responsible for the supervision and training of junior staff and students. In order to support families of children in her care, the physician must be able to step back from the immediate crises and empathize with parents' concerns about the future daily lives of their infants and their fears about the limits of their own coping abilities. Often she will be called upon to acknowledge and support the grief process. Resisting the temptation to appear omnipotent, she must respect and call upon the array of skills that other professionals and parents bring to the neonatal intensive care unit.

II. Four key elements of training for infant/family practitioners

"Through analyzing features of highly regarded training programs, reflecting on the experiences of seasoned teachers from a variety of professional backgrounds, and listening to practitioners describe their own most meaningful training experiences, members of the TASK Project have identified four elements of training that are likely to help individuals become competent infant/family practitioners."

The development of competence to work with infants, toddlers and their families—among individuals and across programs—involves the emotions as well as the intellect. Awareness of powerful attitudes and feelings is as essential as the acquisition of scientific knowledge and therapeutic skill.

Through analyzing features of highly regarded training programs, reflecting on the experiences of seasoned teachers from a variety of professional backgrounds, and listening to practitioners describe their own most meaningful training experiences, members of the TASK Project have identified four elements of training that are likely to help individuals become competent infant/family practitioners.

These elements can be found in preservice training, inservice training, and in professional development initiatives.

1. The base of any training program for infant/family practitioners should be built on a framework of concepts common to all disciplines concerned with infants, toddlers and their families. These concepts help to organize what is known about infants and families and to suggest what is yet to be discovered or understood. They offer a framework for existing and new knowledge, help to integrate knowledge from different disciplines, and suggest guides for practice.

(See Appendix A for a summary of seven such concepts: endowment, maturation and individual differences in the first three years of life; the power of human relationships; transactions between the infant and the environment; developmental processes and their interrelationship; risk, coping, adaptation and mastery; parenthood as a developmental process; and the helping relationship.)

2. Opportunities for direct observation and interaction with a variety of children under three and their families are an essential element of training. Contact may involve such diverse activities as systematically observing parents and infants, listening to parents reflect on their experiences, providing respite care for a family with a disabled toddler, or taking full responsibility for a well-baby exam. Opportunities to get to know infants and families who are doing well help the practitioner to be more astute about those who are in need of special services.

3. Individualized supervision allows the trainee to reflect upon all aspects of work with infants, families and colleagues from a range of disciplines. The supervisor helps the trainee review the information she has gathered and the choices she has made in practice. Questions and comments may direct the trainee to new lines of inquiry or alternative intervention strategies. The supervisory relationship also affords the trainee a safe place to examine both positive and negative feelings aroused by infants, families and colleagues, and to formulate professional responses.

4. Collegial support, both within and across disciplines, should begin early in training and continue throughout professional life. Group academic projects, informal contacts, and student affiliation with infant or family-related professional and advocacy organizations can add to a feeling of connectedness with others who are working toward common ends. Early interdisciplinary experiences in classroom and clinical settings can be especially useful in encouraging interdependence and collaboration.

Taken together, these four elements of training involve both process and content. This blend would undoubtedly be helpful in the training of all human services professionals. Attention to both process and content is essential in the training of infant/family practitioners whose professional competence involves the recognition and channeling of their own powerful emotions as well as the acquisition and application of scientific knowledge and therapeutic skill.

Because they involve individualized attention, these experiences can be costly, but the benefits to practitioners and to infants and families are worth the investment. An analysis of preservice

training, inservice training, and professional development for infant/family practitioners suggests strategies for including these elements in training experiences at every level.

Preservice training

"Much more than a fondness for babies is required to be effective in working with them and their families."

Much more than a fondness for babies is required to be effective in working with them and their families. Practitioners coming into the field of infancy need to understand how development unfolds and what roles the parent and other caregivers play in providing the baby with growth enhancing experiences. Yet surveys of preservice training programs and requirements in a range of professional disciplines dealing with young children reveal a paucity of infancy content and little preparation for either understanding or working with families. Moreover, the stringent curriculum requirements of professional schools and the shortage of faculty with expertise in infancy suggest that the situation is unlikely to change spontaneously.

While the possibility of a new professional discipline focusing on child and family development in the first three years of life has been discussed, members of the TASK Project believe that a specialization in infancy needs to rest on a solid foundation of preservice training within a professional discipline.

The **four key elements in training** should be part of such a foundation.

1. Students preparing for infant/family practice in any form need the chance to explore and understand core concepts about the unfolding of developmental processes. Given the already rich state of current knowledge, teachers and students alike will inevitably be frustrated by the comparison of what one should know before beginning work with the limited amount one is likely to absorb in the time available for academic preparation. However, an able learner who knows what she does not know will be able to build on her conceptual framework over time.

2. Opportunities for direct observation and interaction with a variety of children under three and their families encourage students, from the beginning of their training, to consider parents as an integral part of any attempt to address the child's needs. At a minimum, experience should include observations of infants, especially in interaction with their parents, and an opportunity for the student to reflect on these observations in written or oral reports. Also valuable are opportunities for interaction, such as supervised work in a child care setting, participation in a parent/infant play group, or provision of respite care to a family with an infant or toddler with special needs.

Contact should also encourage awareness of the tremendous individual variations in typical and atypical development and of cultural differences in childrearing practices and family life. Students need to learn to appreciate the great variety of culturally diverse, adaptive, growth enhancing responses on the part of the parents to important developmental issues and events, as well as responses that may be less adaptive and facilitating to ongoing development.

Other ways to help preservice students appreciate the complexities of early development and family life include: bringing parents into the classroom, including parents' writings in the curriculum, and supplementing direct observation with videotapes of infants, toddlers and their families.

3. At the preservice level, the element of supervision may actually be more like mentorship. Something must occur to motivate a student to specialize in work with infants and families. That something is often contact with a teacher who is passionately involved in the field. If a crowded required curriculum limits the courses in infant and family issues that are available to the student, a mentor can suggest relevant topics for student research papers within required courses, monitor independent study, and suggest appropriate summer learning experiences. As institutions of higher education form infant/family consortia, faculty members can guide promising students to joint courses or exchange opportunities.

4. Since collaboration among a number of disciplines is essential to provide comprehensive, integrated services to very young children and their parents, collaboration should begin in preservice training. At this level, class discussions, group research projects, and team practicum experiences can offer opportuni-

ties to develop and practice collaborative skills, within or across disciplines. Again, reflection should be encouraged, with students asked to observe group process and their own contributions to group achievements or difficulties. Since infant/family work often occurs within an agency or institution, students should have the opportunity to discuss and compare, as a group, their own practicum placements and to explore criteria related to more or less supportive work settings.

The development of a positive professional identity can be encouraged by linking students to organizations of practitioners in the multidisciplinary field of infancy. If infant/family coursework at a particular university is limited, students may be guided to appropriate sequences of presentations at professional conferences. This kind of involvement may motivate a student to begin to explore the infant/family literature and further opportunities for training.

It must be emphasized that, while preservice training programs incorporating the four elements described above do exist, they are far from the norm. More typically, the lack of adequate preservice training limits the competence of new-to-the-field practitioners.

Beginning practitioners (and their employers) depend on an ability to adapt existing skills, an openness to new approaches, and a sense of dedication to offset their lack of basic knowledge and inexperience. In some instances, special talents and unique personal qualities help the beginning practitioner to address complex and interrelated infant and family needs, but this is often not the case.

While more adequate preservice training in work with infants and families may in time be available, or even a requirement, for entry-level practitioners in service programs, current personnel shortages and pay scales are such that inservice training is a necessity for most new practitioners.

"The purpose of inservice training is to make a particular service program more effective."

Inservice training

The purpose of inservice training is to make a particular service program more effective. Directors of community-based family support programs, primary health care facilities, child care centers serving infants and toddlers, or early intervention programs for young children with disabilities typically operate with new and veteran staff members. Staff often come from different disciplines and each has individual training needs. To address issues of both individual and program competence, inservice training must balance the needs of the program for skilled performance within its areas of responsibility with the needs of individual employees to gain competence and maintain interest and satisfaction in their work.

The **four elements of infant/family personnel preparation** are readily discernable in effective inservice training.

1. The knowledge base or content of inservice training may involve conceptual or factual information, a hands-on skill, or a procedural aspect of service delivery. Thus a family support program in a community with an expanding Korean population might plan one or more sessions for staff on aspects of Korean culture relevant to childrearing, family patterns, and use of community services. Child care providers for infants and toddlers might learn specific techniques for incorporating emotional communication into daily routines for physical care. Staff of an early intervention program might spend considerable time learning the rationale and methods for developing Individualized Family Service Plans as required by P.L. 99-457, with training involving lectures, readings, role-playing and supervised practice.

2. In inservice training, observation and supervised interaction with infants and families make possible the application of principles and techniques "learned" in lectures or workshops. Such hands-on contact seems to be critical if new knowledge is to be effectively incorporated into practice. Moreover, as practitioners move into administrative positions or as individuals with backgrounds in fields other than infancy are given administrative responsibility for infant/family programs, contact with babies and families may no longer be a part of daily experience. Administrators and policymakers may benefit greatly from systematic opportunities to learn from families about the impact of policies and to observe infants and toddlers in their homes and in service settings.

"The term 'professional development' describes a wide range of training experiences."

3. Supervision may be the single most important element of inservice training for infant/family practitioners. The purpose of supervision is, to a large extent, the acquisition and use of self knowledge. Supervision should not be simply a monitoring process, but rather an ongoing relationship in which attention is paid to the individual practitioner's emotional responses to the infants, toddlers and families with whom she works; to her degree of comfort in carrying out program goals; and to other aspects of her work situation as well. For a practitioner to feel secure in scrutinizing her work and her feelings, there must be trust in the supervisory relationship and time regularly devoted to supervisory sessions. The supervision must come from someone who has "been in the trenches" and who has the respect of those she supervises. If meaningful learning is to occur through supervision, sessions cannot be postponed or missed because of "more important" demands, nor can they simply be exercises in crisis management.

4. Mutual support among colleagues is essential for individual professional growth and for effective service delivery. Much has been written about the complex process of developing mutual respect and interdependence among members of multidisciplinary teams serving young children and their families. Even if practitioners have a professional background in common, effort is required by administrators and front-line service providers alike to create an atmosphere of openness, collaboration, and support for the expression of feeling. It is particularly important for service programs to create the conditions in which staff members can deal constructively with negative feelings. Unfortunately, work with infants and families often involves occasions in which anger, fear, helplessness, jealousy, guilt or sadness are appropriate human responses. Without opportunities to acknowledge these feelings, discuss them, and find ways to channel them into appropriate professional responses, morale among staff may drop dangerously and families may be poorly served. Thus, an effective work group needs to develop opportunities for sharing the satisfactions and frustrations of members' jobs and an effective way of dealing with the inevitable difficulties that arise among the members of a team performing difficult work.

Professional development

The term "professional development" is used here to describe a wide range of training experiences that may accomplish one or more of the following goals:

- Helping an individual practitioner to remain abreast of expanding knowledge in the field in order to perform competently according to current standards of practice;
- Allowing an individual to move into a different but related discipline to the one in which preservice training occurred, to get advanced training in her original professional discipline, or to participate in interdisciplinary training: (For some professionals, these will be "preservice" experiences, but many practitioners find it both economically necessary and intellectually desirable to work for a number of years before engaging in further academic study.);
- Preparing an individual for a leadership role in her institution or service system;
- Offering training in skills such as case management or staff supervision that are seldom included in preservice or inservice training;
- Energizing practitioners through brief exposure to new research, best practices, etc. (not to be seen as a substitute for systematic, ongoing inservice training);
- Offering formal and informal training opportunities to professionals from a number of service programs in a community on an ongoing basis.

A look at how the **four training elements** play a role in professional development initiatives suggests both similarities to and differences from preservice and inservice training.

1. The knowledge base depends on the perspective of the learner. As suggested above, the preservice content of one discipline will be new to an experienced practitioner with a different background. At the same time, a mature professional who already has a solid conceptual framework into which to integrate new knowledge will require a different

teaching approach than a student with no professional training or work experience. Thoughtful planning is needed if each student's contributions, needs, and learning styles are to be addressed.

2. "Observation and interaction" in the context of professional development may certainly be with infants and families but may also be with other adults. In training for professional development, the practitioner is likely to need to observe and interact with infants, families, and other adults from the perspective of the new role she is learning. For example, an early intervention practitioner who is accustomed to brief contact with parents of infants with disabilities will need practice in shifting her role from "teacher" to "partner." A parent who has been involved in one-to-one parent support may use role play or actual encounters with policymakers to learn how to be an effective advocate at the community or state level.

3. Supervision in the course of professional development activities may be similar to preservice or inservice experiences if the practitioner is learning a new skill or body of knowledge. Supervision can also include consultation. This may occur with peers or with professionals with special expertise; include review of one's work by journal editors or conference program committees; or encompass evaluations by one's own students.

4. Collegial support is frequently cited as one of the chief benefits of a career working with infants, toddlers and their families. People who want to work with babies and their parents tend to make empathic and interesting colleagues. The problem is that infant/family practitioners are often isolated from each other (each serving as the "baby person" in her own setting) or so overburdened by daily demands that they neglect their own need for communication with colleagues. National, state and local organizations of infant/family professionals frequently provide a sense of connection through large and small meetings, publications, informal networking, and advocacy.

Successful program administrators recognize that budgeting time for individual professional development is an important precaution against staff burnout. In setting standards, monitoring programs, and allocating resources, policymakers would be wise to facilitate networking and reduce isolation to the fullest extent possible.

III. Promising training approaches in action

Educators, practitioners, parents and policymakers have worked together over the last 20 years to devise creative approaches to the preparation of personnel to work with children from birth through three and their families. The vignettes that follow illustrate a number of initiatives that offer training at the preservice, inservice or professional development level.

The training approaches described briefly here were chosen because they were well known to members of the TASK Project and because they illustrate both common themes and individualized methods to reach specific training goals. These initiatives also illustrate the benefits to be gained from collaboration between trainers from different disciplines and between parents and professionals. Few of these initiatives would have been possible without support from government funders, private foundations, or individual benefactors.

The individual training efforts described here do not necessarily embody each of the four key elements of training to the same degree. There is no guarantee that participants in the training efforts described here have all become competent infant/family practitioners. Nevertheless, in their philosophy, content, and approach to training, these programs make imaginative use of available resources and seem well designed to encourage the development of competence.

University of Illinois: An interdisciplinary practicum

The University of Illinois, Champaign, is the site for the development of an interdisciplinary practicum for students

enrolled in special education and speech and hearing programs at the masters level. The benefit to students of having such a practicum on the university campus is matched by the benefit to families of a program for infants and toddlers in a community in which there are few such services.

The faculty members who designed this practicum approached it with the belief that students need a way to practice their prospective roles in substantial depth and that the experience is more meaningful if they learn and practice with students from other disciplines. They need an opportunity to develop skills relative to infancy both within their own discipline and across a range of disciplines. This practicum is designed to integrate both of these levels for students in the two disciplines.

The approach is to offer course work focusing on the knowledge and skills within and across disciplines that are critical for those working with normal, delayed, disabled, and at-risk infants, toddlers, and their families. Both the course work and the practicum experience are designed to require the student to be self-critical, analytical, self-directed, and resourceful.

The practicum takes place in play groups which are made up of six infant-parent dyads who meet once a week for ninety minutes. These play groups include typical and atypical infants and their families and their purpose is to facilitate parents playing with their children. Teams of special education and speech and hearing students meet with two different groups and are responsible for designing and implementing the programs. The teams are directly supervised by doctoral students who meet with them following each play session. A faculty member attends each of the sessions as well and is available for consultation to the teams.

Contact: The Interdisciplinary Specialization in Infancy, Department of Special Education, University of Illinois/Champaign, 1310 S. 6th., Champaign, IL 61820, tel. (217) 333-0260.

Wheelock College: A century of experience

The need to expose students who are preparing to work with children with special needs and their families to professionals and disciplines other than their own has been operationalized at Wheelock College in three masters-level programs: Early Intervention, Child Life (work in medical settings) and Teaching Young Children with Special Needs (three- to five-year-olds). Wheelock, founded in 1888, has historically been a leader in early childhood education and related fields serving children and families. It offers ten masters degree programs as well as six certification programs.

Through the years, faculty at Wheelock have felt it important to link the special needs infant/toddler and preschool areas of study with child life so that child life specialists understand what preschool special education teachers and early intervention personnel do and vice versa.

Their approach has been to make some courses available to students in all three strands while keeping others, such as assessment and intervention, separate for each area. "Medical Aspects of Disabling Conditions" and "Interactive Seminar" are examples of offerings available to all students which enable these budding professionals to share experiences and broaden perspectives.

Faculty are committed to ongoing evaluation of existing courses to make sure that they deal with upcoming needs in the field. For example, courses have recently been re-examined to determine the extent to which they incorporate the best training approaches to help students learn how to work effectively with families. This process has resulted in the appointment of a parent of a child with special needs as a student advisor and co-instructor in several courses. This individual serves as a link to parent organizations in the community and models an advocacy role for students.

A second area of intense interest on the part of the faculty is the degree to which course material reflects a multicultural perspective. Efforts are underway to evaluate and revise courses on this dimension.

Contact: Wheelock College Graduate School, 200 The Riverway, Boston, MA 02215, tel. (617) 734-5200, x113.

Michigan State University: Understanding children and families with special health care needs

Primary care pediatricians, as a rule, do not receive the kind of training that would allow or motivate them to assume responsibility for the general management of children's chronic illness and its impact on family members. This, despite the fact that they may be the professionals best suited to provide this much-needed service.

Faculty at Michigan State University, recognizing that much of the care of these children is likely to move outside the hospital or clinic setting and that pediatricians will need to be more involved, developed a three-year Chronic Illness Teaching Program for pediatric residents. They identified barriers such as: a preoccupation with curing rather than stabilizing or improving function; a perception that chronic illness is the sole domain of subspecialists; and a view that the management of complex cases is not easily shared with other professionals and, therefore, becomes very burdensome. They designed their program to address these issues.

To gain a thorough understanding of the impact of chronic illness on the child, family, professional service providers and society, each resident undertakes two three-year studies—a longitudinal family study and a clinical case review.

The purpose of the longitudinal family study is to provide the resident with ongoing exposure to the general social, financial, educational, and psychological effects of chronic illness on the child and family. The resident is required to conduct at least one home interview with the family each year, accompany the family during a health or social service visit, observe the child at school, and interview other professionals about their contribution to the child's care.

The clinical case review is designed to develop skills in the longitudinal care of a child with chronic conditions. During the first year, the resident and a faculty member conduct an intensive multi-system review of the resident's care of a chronically ill child and this process is repeated yearly with emphasis on constructing a plan for future care.

Attention is also paid to chronic illness issues such as improved function as a desirable outcome, bioethical aspects of chronic illness care, issues in death and dying, and the financial and social policy implications of chronic illness. These issues are addressed through the longitudinal family study and through direct exposure to state program planners and administrators.

Evaluations of the program have indicated the benefits of allowing residents time to reflect on the impact of the illness for all concerned and to develop skills for long-term care management.

Contact: Chronic Illness Teaching Program, B 240 Life Science Building, Michigan State University, East Lansing, MI 48824, tel. (517) 355-2398.

Erikson Institute: Emphasizing self-awareness

One of the primary goals of the Erikson Institute during its twenty-four year history of training masters and doctoral level child development practitioners has been the development of self-awareness on the part of trainees. Training opportunities are designed to help students understand themselves and to connect the realms of theory and practice. For example, weekly supervision of student interns in small groups gives students an opportunity to process what is happening and what they are feeling as they work with infants and families.

Erikson has taken this training tool a step further by developing a seminar on clinical supervision for directors and supervisors in programs serving infants and their families in and around Chicago. This seminar underscores the belief of faculty at Erikson that good supervision is one of the keys to growing competence in both professional and paraprofessional personnel.

This nine-session seminar was designed to assist those responsible for supervising the daily practice of others in examining such issues as understanding oneself and using oneself as a vehicle for good practice; learning how to establish and maintain a supervisory relationship, particularly in difficult circumstances; exploring issues that pose special problems for infant/family workers as they work with families; learning how to ensure that professional goals of staff match program goals; and other issues central to the job of supervision.

Participants in the seminars are chosen to represent supervision in a number of different settings in the Chicago area, including early intervention, prevention and day care programs. The seminar examines issues in supervision that are common across settings and client populations, as well as issues that are particularly relevant to specific settings. The focus is always on the supervisory process as based on relationships and the purpose of supervision as ensuring the best possible service to families.

Contact: Clinical Supervision Seminar, Erikson Institute, 25 W. Chicago, Chicago, IL 60610, tel. (312) 280-7302.

Nursing Child Assessment Satellite Training (NCAST): Disseminating assessment skills

The NCAST (Nursing Child Assessment Satellite Training) scales, which provide a mechanism for understanding the interaction observed between very young children and their caretakers, are currently being used by a wide variety of child health professionals including nurses, social workers, early childhood educators, physical therapists, mental health workers, pediatricians, speech and language pathologists, and others. The Feeding Scale and Teaching Scale, along with the HOME Scale, developed by Bettye Caldwell and her colleagues, form the basis for teaching practitioners in a wide variety of disciplines to understand the functioning of a particular parent and child.

The Feeding Scale and Teaching Scale look at areas of interaction such as the child's response to distress, the clarity of his signals to his mother, the sensitivity of the mother to these cues, her ability to foster growth, etc. The Home Scale measures animate and inanimate environmental factors that are believed to encourage or discourage optimal development.

The training course designed to teach the use of these scales extends the application of these scales to high risk and handicapped populations. It includes an intensive didactic portion as well as a practicum which requires home visits with a partner in order to gain inter-observer reliability in the use of the scales. Those who achieve this reliability are then encouraged to teach other professionals in their communities.

The approximately 8000 individuals who have completed the training constitute a network of practitioners across a number of disciplines who are able to provide each other peer support and consultation in the use of NCAST concepts.

Contact: NCAST, Mail Stop NJ-10, University of Washington, Seattle, WA 98195, tel. (206) 543-8528.

The COPING Project: Translating theory into early intervention practice

The COPING Project, developed at the John F. Kennedy Medical Center in Edison, New Jersey, illustrates the process of translating developmental theory into early intervention practice. The history of the Project also illustrates the role of the Handicapped Children's Early Education Program (HCEEP), Office of Special Education Programs, U.S. Department of Education, in supporting the development and dissemination of training models.

Staff of the Pediatric Rehabilitation Department of the John F. Kennedy Medical Center found that by focusing on "coping"—the process of making adaptations to meet personal needs and to respond to the demands of the environment—they could move beyond a "deficit model" of service. A coping focus helped staff to support the resourcefulness of young children with disabilities and their families, and to make their early intervention program more responsive to individual family circumstances. Initial funding from HCEEP, a source of federal funding for selected demonstration programs since 1968, made possible the design and validation of the Early Coping Inventory, an observation instrument to assess adaptive behavior in children who function developmentally from 4 to 36 months of age. Staff also focused attention on the ways families determine the meaning of potentially stressful events, assess and use internal and external resources , and evaluate the outcome of their coping efforts. They found that by helping parents understand the dynamics influencing their own coping efforts, staff could work more effectively with families to plan early intervention services that met their identified needs, and to prepare for future challenges.

Approved for HCEEP support as an outreach training program, the COPING Project now offers training activities and materials based on the COPING model to states, early intervention programs, and professional organizations. Child-oriented workshops teach the assessment of coping behavior in young children, intervention planning, and strategies to facilitate the development of effective coping. Family-oriented workshops discuss the process of developing an Individualized Family Service Plan, explore program options that enable families to develop their coping resources, and offer case consultation from a coping perspective.

Contact: The COPING Project, John F. Kennedy Medical Center, 2050 Oak Tree Road, Edison, NJ 08820, tel. (201) 548-7610.

American Occupational Therapy Association: A continuing education curriculum responding to practitioners' needs

A critical shortage of occupational therapists working in early intervention has led the American Occupational Therapy Association (AOTA) to develop a continuing education program aimed at recruiting and retaining occupational therapists to work with children birth to three. This program is based upon several premises: that practicing occupational therapists lack critical knowledge about infancy and early intervention; that they are motivated to learn about and become skilled in these areas; and that, if they become more skilled, they will be more likely to remain in the field.

Funded by a three-year grant from the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education, this training is designed to assist occupational therapists in developing the skills and knowledge that will enable them to be effective in providing early intervention services. Particular emphasis has been placed on learning how to work well with families and involve them in intervention plans as well as how to work with other professionals on interdisciplinary teams.

This training effort is built upon two other components—a needs survey conducted by AOTA of occupational therapists across the country and the development of a set of guidelines which outline the roles, functions, and competencies for occupational therapists in early intervention. Both of these efforts have contributed to the development of the training curriculum.

AOTA's approach was designed not only to train 1000 occupational therapists by the end of 1990, but also to "train the trainers." Eighteen faculty members, including twelve occupational therapists and six parents, were selected to provide the training in teams of three, each consisting of two professionals and a parent. These teams participated in four days of intensive training before they began training the occupational therapists in groups of 50 in 20 three-day workshops across the country.

AOTA's model provides an opportunity for participants to interact with parents of children with special needs in two ways—as faculty members and as fellow participants. At each workshop site, six local parents are invited to attend and to participate in the work of the small groups.

An independent evaluation conducted by the Carolina Institute for Research in Personnel Preparation (CIRPP) at the University of North Carolina, will compare participants who receive each of three kinds of follow-up with those participants who receive no follow-up in order to study what facilitates the transfer of information from the workshop to the actual practice setting.

Contact: American Occupational Therapy Association, 1383 Piccard Drive, Box 1725, Rockville, MD 20850, tel. (301) 948-9626.

Infant-Toddler Developmental Assessment Program (IDA): Increasing expertise in community-based programs

The Connecticut Infant-Toddler Developmental Assessment Program (IDA) is a professional education initiative designed to meet the need for improved community-based, family-centered, developmental assessment services for infants and toddlers (birth to three), particularly those who are vulnerable and at-risk for handicapping conditions. Conceived by an interagency/interdisciplinary task force in 1982, the IDA program was designed to fill the gap between simple developmental screenings and complex costly evaluations for

children from birth to three. Funds to develop the program came for a U.S. Division of Maternal and Child Health SPRANS grant to the Department of Health Services. The initiative increases the skills of practitioners in community-based programs while building the state's overall competence to serve young children.

The IDA is an assessment process that can be used across disciplines and in the mainstream of child-serving agencies. It is an integrated assessment that addresses health, developmental, psychosocial and family dimensions and serves as a basis for developing a plan for monitoring or intervening with the child and family.

The IDA Professional Education Program has two major components—a course (35 hours divided into 5 modules) designed to provide general skills in the process and content of infant-toddler developmental assessment and a supervised clinical practicum. The practicum includes the evaluation of six children and families and is designed to assure that practitioners conduct reliable assessments.

The IDA's attention to the interaction of health, family and developmental factors in early life allows professionals from a number of disciplines to build on and expand their assessment skills. The requirement that two participants from each community program be trained together promotes collegial support during training and increases the likelihood that the IDA approach will be used once participants return to their own work settings. Finally, the network of approximately 100 practitioners in Connecticut who have completed the IDA training constitutes a resource for peer consultation.

Contact: IDA Program, Yale Child Study Center, P.O. Box 3333, New Haven, CT 06510, tel. (203) 785-2513.

Family Support Network of North Carolina: Training for parent-to-parent support

The Family Support Network of North Carolina was established in 1985 with funding from the North Carolina Council on Developmental Disabilities. It is housed in the Community Pediatrics Division, University of North Carolina School of Medicine. Guided by the conviction that other parents are one of the best sources of support and information for parents of children with a chronic illness or a disability, the Network promotes and develops statewide groups of local parent-to-parent support programs that recruit, train, and match volunteer "support parents" to offer support and assistance to other parents who need it. This Network has a particular interest in promoting parent/professional collaboration, which is accomplished in part by involving physicians and other health care and human services professionals in the training of support parents. Each parent makes a commitment to be involved in the program for at least one year.

Initial training for support parents in local programs often takes place in a twelve-hour course, in which issues such as the grieving process, impact of prematurity, chronic illness, and developmental disability on the family are discussed. Peer counseling and community resources are explored. A monthly meeting gives these parents an opportunity for group support and supervision which is provided by the program coordinator or a community professional. The deepening of relationships among the support parents has emerged as one of the primary benefits of these meetings and such experiences seem to encourage some parents to become involved in advocacy and to take on other leadership positions to benefit children with special needs and their families.

A toll free number to the statewide program allows easy access for new parents needing information and community parent-to-parent programs that need technical assistance or support. The Network also keeps an extensive list of parents, resources, and training events across the state.

Contact: Family Support Network of North Carolina, Campus Box 7340, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, tel. (919) 966-2841.

Infant-Parent Program, San Francisco General Hospital: Reflecting on relationships

The training approach of the Infant-Parent Program at San Francisco General Hospital, University of California, depends on individual supervision

and group seminars to help clinicians add to and integrate their skills. Each year the program accepts 12 trainees who spend 20 hours per week with the program. Twelve hours each week are devoted to the practice of infant-parent psychotherapy with the highly stressed families who are referred to the program for evaluation and treatment. Four hours are devoted to individual supervision and five to seminars with the program's three full-time and three part-time senior staff. Trainees come from the fields of psychiatry, psychology, special education, social work, pediatrics and nursing. They typically spend a year with the Infant-Parent Program but may stay longer. Trainees neither pay tuition nor receive a stipend from the program, nor do they receive formal credit or certification. The clinical work of the Infant-Parent Program is supported by the San Francisco Community Mental Health Service, the Children's Trust Fund of the Department of Social Services, the Department of Psychiatry at the University and private donations.

The importance of human relationships is stressed throughout the Infant-Parent Program. Trainees reflect on their relationship with families, with colleagues, and with professionals outside the program as these relationships develop over the course of the year. Respect for the power and subtlety of the infant-parent relationship is accompanied by a combination of increasing confidence in one's own therapeutic skills and recognition of the frequent need to depend on the expertise of other professionals.

Contact: Infant-Parent Program, San Francisco General Hospital, 2550 23rd Street, Building G, San Francisco, CA 94110, tel. (415) 821-5289.

National Center for Clinical Infant Programs: Supporting colleagues

The National Center for Clinical Infant Programs (NCCIP) illustrates the potential of a multidisciplinary organization to offer a variety of opportunities for professional development to individual practitioners, to agencies, and to communities. Founded in 1977 by a small group of researchers, clinicians and philanthropists, NCCIP focuses attention on issues affecting all children and families in the first three years of life. Publications, national and regional training conferences, and leadership opportunities for new and experienced practitioners are NCCIP's principal avenues for professional development.

- *Zero to Three*, the bulletin of the National Center, began publication in 1980. Published 5 times per year for an audience of more than 7,000 readers, *Zero to Three* provides reports of innovative research and service programs; essays on conceptual, clinical and public policy issues; case reports; and information on new publications, conferences and training opportunities, government initiatives and funding sources. The bulletin solicits contributions from authors in many disciplines and is edited so as to be understood by students and policymakers as well as by infancy experts.
- *Clinical Infant Reports* is a series of book-length publications, each volume of which relates theoretical to practice issues, often through the use of detailed case material.
- Publications on specific topics, ranging from maternal and child health service delivery to infant/toddler child care to program evaluation to services for infants and toddlers with disabilities, are used as readings in preservice, inservice and continuing education programs as well as for individual practitioners who want to keep abreast of current developments in the field.
- National and regional training institutes, typically 2½ days in length, focus on clinical issues of current importance to the field and also address pertinent research, administrative and social policy concerns. In order to meet the needs of experienced practitioners who return for fresh stimulation to each National Training Institute, the institutes include a number of specialized pre-institute seminars and workshops on topics that are at the frontiers of clinical knowledge.
- In order to provide a more continuing resource for professional development to infancy practitioners, NCCIP has begun to work with local planning groups to organize 3- or 4-day intensive courses for no more than 60 participants, which serve as the catalyst for establishing ongoing study groups. Intensive courses have been held in New York and Chicago. The first Training of Trainers

Intensive Summer Seminar, scheduled for July, 1990, has been designed to help teams of educators and trainers expand their knowledge, enrich their teaching approaches, and achieve specific improvements in infant/family training in their home communities.

• NCCIP's Fellowship Program, established in 1981, provides enrichment for advanced trainees who are sponsored by directors of selected training programs in early childhood education, special education, nursing, pediatrics, psychology, psychiatry, social work, human development and the developmental therapies, or by community-based clinical or public policy agencies. Fellows attend a special one-week seminar and NCCIP Scientific Meetings and training institutes. As graduates of the program they maintain their own network of communication and also contribute to publications, conferences and task forces of the National Center.

• Supported by foundations, government agencies and private contributions, NCCIP has brought together small groups of practitioners, researchers, parents and policymakers to consider issues, including screening and assessment of infants and toddlers; program evaluation; intervention strategies appropriate to culturally diverse populations; diagnosis of emotional disturbance in infants and toddlers; and training itself. In addition to producing publications and recommendations useful to the field as a whole, such working groups afford participants opportunities to hone their leadership skills and to learn from colleagues in other disciplines and settings.

Contact: National Center for Clinical Infant Programs, 2000 14th Street, North, Suite 380, Arlington, VA 22201-2500, tel. (703) 528-4300.

IV. An agenda for action

"The following recommendations constitute an agenda for improving the training of infant/family practitioners. This agenda addresses concerns common to policymakers, parents, professionals and educators. Each recommendation can involve collaboration among several or all of these four 'stakeholder' groups, with roles varying depending on the goal to be achieved."

Policymakers, parents, professionals, and educators who are dedicated to improving the competence of infant/family practitioners must recognize that the components of a training system exist within a context of child and family policy. Each element can support—or constrain—the effectiveness of the other. Improvements are needed both in the training of service providers and in the supports available to children and families in the earliest years of life.

The following recommendations constitute an agenda for improving the training of infant/family practitioners. This agenda addresses concerns common to policymakers, parents, professionals and educators. Each recommendation can involve collaboration among several or all of these four "stakeholder" groups, with roles varying depending on the goal to be achieved.

Enriching the elements of training for infant/family practitioners

The four key elements of training should be available to all infant/family practitioners at each stage of their career preparation and development.

Achieving such a goal will be a complex, long-term effort, involving the enrichment of existing training programs and the establishment of comprehensive new initiatives. Yet in the short term, even modest efforts to enhance one, some, or all of these four key elements in training can have a significant impact on individual and program competence.

The following recommendations are meant to suggest priority areas for action. Clearly, complementary efforts that can take advantage of opportunities and resources in particular institutions or communities should also be encouraged.

Building training for all infant/family practitioners on a common conceptual framework

1. Concerted efforts should be made to improve the quality of infant/family content that is offered in preservice, inservice and professional development training.

• A resource bank of curriculum guides and print and audiovisual materials (with particular emphasis on detailed

case reports and recent research findings) would give instructors access to the products of successful demonstration training projects.

- "Training of trainers" seminars would expose educators and trainers to state-of-the-art research and clinical information, and at the same time allow them to share effective teaching methods.
- Consortia of educational institutions can collaborate to extend infant/family training to full- and part-time students from a range of disciplines, without duplication of effort.

2. Training within each discipline should not only include concepts common to all disciplines concerned with infants, toddlers and their families but should also identify these as concepts shared across disciplines; whenever possible, training itself should be interdisciplinary.

- Textbooks, casebooks and other training materials should be developed or revised so that core concepts are included and are expressed in specific, but non-technical, language.
- Interdisciplinary and parent/professional training, in clinical and classroom settings, is a mechanism that is particularly well-suited to learning about the importance of relationships—between infant and caregiver, between parents and practitioners, and among colleagues.

Providing opportunities for direct observation and interaction with a variety of children under three and their families

3. Community-based service programs and family settings can be used by both trainees and faculty to expand practice skills.

- Under supervision, students can serve as interns or volunteers in child care, respite care or other programs serving infants, toddlers and their families.
- Parent/child play groups or similar services can be offered by the training institution itself and used by students for observation and/or practicum experience, particularly if infant/family services in the community are limited.
- Academic faculty can be afforded time for clinical practice or consultation to service programs; parents and front-line practitioners can be added to the staff of academic training programs.

Recognizing the importance of supervision

4. Supervision in infant/family programs should be recognized as a major training mechanism that both improves program effectiveness and responds to the needs of individual trainees.

- Monitors and funders of infant/family service programs should examine the frequency, regularity and quality of supervision and consultation available to staff as they make judgments about program quality.
- Placement services for graduating and practicing professionals should stress the quality of supervision as a factor in choosing employment.
- Participating families in infant/parent programs should be knowledgeable about the supervision and consultation resources available to their primary provider or team.

5. Training in supervisory skills should be available in the community under the auspices of professional and/or educational institutions.

- Individual consultation for practitioners who are assuming supervisory responsibilities can be purchased by service programs.
- Ongoing seminars for supervisors from several programs can offer opportunities for peer consultation and training that are unlikely to be available within a single agency.

Mobilizing the power of collegial support

6. Combating the isolation that is an occupational hazard of practice with infants, toddlers and their families should be a top priority for professional development initiatives.

- Outreach to practitioners in remote geographic locations or otherwise isolated work settings can include on-site and telephone consultation from other professionals; teleconferencing and electronic mail; and provision of self-study materials.
- Relatively modest amounts of outside funding can enable organizations of practitioners, of parents, and of com-

bined constituencies concerned with infant/family development to support substantial volunteer training and consultation efforts.

- Conferences and short courses with an infant/family focus can emphasize collaborative presentations within and across disciplines; they can also schedule specific opportunities for participants to share common concerns.

Attending to the context of training

How our country organizes and supports the training of infant/family practitioners is connected to its overall level of investment in the development of children and families in the earliest years of life. Ignoring that connection is dangerous: there may be a temptation to fund or mandate services without providing for adequately trained personnel, or, conversely, to expect that training can compensate for poor working conditions, unrealistic job expectations, and inadequate salaries.

The following recommendations are based on the assumption that our national commitment to young children and families is increasing, but that resources will be limited for some time to come. The recommendations are designed to be first steps toward addressing the context of training.

7. The process of licensure and certification of infant/family practitioners needs to recognize a continuum of individual competence to work with infants, toddlers and their families.

- Each discipline in the field should invest the time and effort necessary to define the scope and content of infant/family practice and establish appropriate guidelines for endorsement, certification and licensure of practitioners with varying levels of responsibility.
- Policymakers need to give careful thought to the mechanisms by which competence is to be assessed.
- If provisional certification is given to infant/family practitioners in an area facing severe shortages of qualified personnel, standards, mechanisms and timelines for demonstrating competence should also be delineated.

8. The financing of all levels of training for infant/family practitioners deserves a thorough review, as a prerequisite for resource allocation and planning.

- Since substantial federal, state and private funds go to educational institutions that train a variety of professionals, the extent to which this funding results in an increased supply of practitioners appropriately trained to work with infants, toddlers and their families should be studied.
- In their assessment and planning efforts, policymakers should be careful to review all current and potential sources of funding, in the public and private sectors, for model and ongoing training programs.
- The cost and effectiveness of scholarship programs that require trainees to work for a specified period in underserved areas and/or with underserved populations upon graduation should be reviewed.
- The economies of using local, state and regional mechanisms to help coordinate and finance inservice training should be investigated.

9. Child and family advocates should insist that all legislation designed to establish, reauthorize or expand services to infants, toddlers and their families should provide adequate funds for the training of practitioners.

- Parents, professionals, educators and trainers, and policymakers who already recognize the importance of training for infant/family practitioners should collaborate to devise strategies to focus attention on personnel preparation among other members of the four stakeholder groups and the general public.
- Efforts should be made to monitor legislative and regulatory processes closely in order to assure that resources authorized for the training of infant/family practitioners address the full diversity of training needs, resources and settings.

10. Incentives to attract and retain infant/family practitioners in the field must be recognized as critical to the success of work that depends on continuity in human relationships.

- The budgets of programs serving infants, toddlers and their families must include salaries that are adequate to

attract beginning practitioners and that increase sufficiently over time to allow experienced workers to provide for their own dependents.

- Non-monetary incentives, such as opportunities for infant/family practitioners to combine work and family roles in different ways at different life stages, should be tried and evaluated for their impact on recruitment and retention of skilled staff.
- Administrative policies concerning caseload size, job responsibilities, and career development should support best practice, so that practitioners' training can be fully applied.

Appendix A: Core concepts for professional practice with infants, toddlers and their families

"Core concepts are summarized in the pages that follow in language that is specific but non-technical, with the hope that they will become the basis for a common language among educators and trainers in many disciplines, parents, professionals, and policymakers."

A set of core concepts should be embedded in the training of all practitioners planning to work with very young children and their families, as well as in the preparation of child development researchers. The concepts identified by the Project emerged as powerful integrators of information across fields of inquiry and as general guides for practice useful to many disciplines. These concepts help to organize what is known about infants and families and to suggest what is yet to be discovered or understood.

These concepts are summarized in the pages that follow in language that is specific but non-technical, with the hope that they will become the basis for a common language among educators and trainers in many disciplines, parents, professionals, and policymakers. Examples of the links between each concept and training issues are intended to be illustrative rather than exhaustive.

Core concepts have been grouped into seven areas:

1. **Endowment, maturation and individual differences in the first three years of life;**
2. **The power of human relationships;**
3. **Transactions between the infant and the environment;**
4. **Developmental processes and their interrelationship;**
5. **Risk, coping, adaptation and mastery;**
6. **Parenthood as a developmental process;**
7. **The helping relationship.**

1. Endowment, maturation, and individual differences

Concepts like **endowment, maturation** and **individual differences** describe what has traditionally been called an infant's "nature."

The child's biological **endowment** at birth includes not only limbs, organs and sensory systems that may be intact or impaired, but also capacities for organizing experience and interacting with the environment. Endowment is a function not only of genetics but also of the environment within the womb and the events surrounding birth. The mother's nutrition, infections, use of drugs and psychological experiences affect the unborn baby and influence his developmental potential and his behavior.

There is presently little controversy about which is of paramount importance-nature or nurture. It seems clear that what is significant is the intimate interweaving of the infant's biogenetic endowment and the caregiving environment. The baby's unique endowment calls forth and begins to shape a particular spectrum of responses from the caregiving environment, most importantly the caregiver herself. At the same time, this environment influences and shapes the ways in which the baby experiences and organizes his world—each subtly shaping and modifying the other.

Maturation, an extremely powerful force toward growth in the young child, can be viewed as change due to intrinsic factors that occurs relatively independent of environmental influences. Most human infants exhibit an inherent push toward growth at an expected rate and in an expected sequence following a biologically determined timetable. It is the process of maturation, in interaction with environmental factors, that ensures a basically healthy child's achievement, for example, of major motor milestones, cognitive competencies, and emotional growth in a wide range of caregiving environments.

Individual differences in infants, operative and observable at birth and probably before, have gained increasing attention from researchers during the last 50 years. The notion of individual temperament—a blend of activity level, physical sensitivity, adaptability, tempo, mood, persistence, and similar factors—is one way of conceptualizing sets of differences that influence how young children behave and how parents react to them. One can also look at individual differences in terms of how the baby

responds emotionally and socially to environmental input through each of his senses; how the baby processes information through each of his senses; how the baby plans and coordinates movement; and how the baby learns.

The newborn infant's biological endowment, capacity for maturation and distinct individuality are intertwined concepts that include a view of infants actively organizing their world and shaping their lives beginning at birth.

Implications for training

- The concept of endowment is important in training health care professionals who plan to work with very young children and families and who need to acquire a balanced view of their roles. They will not be able to cure every disease nor reverse every impairment. Nevertheless, an understanding of every child's endowment, individuality, and maturational drives will help the professional use her own skills to support a baby's strengths and work toward an optimal developmental outcome.
- Child welfare workers and other professionals who will be encountering infants exposed prenatally to drugs need to be aware of the uncertain developmental course awaiting these children and of the challenges they present to caregivers. Because knowledge in this area is limited but expanding rapidly, foster parents, community-based workers and researchers need to be able to exchange findings quickly and regularly.

2. The power of human relationships

Several decades ago British pediatrician and psychoanalyst Donald Winnicott shocked his colleagues by declaring "There is no such thing as a baby"—only a baby and someone. Today, parents, practitioners, and researchers take it for granted that in order to understand the unfolding of developmental processes, one must look at the infant in the context of his environment and, most particularly, in the context of his relationships with the caregivers in his life.

Healthy babies are born prepared to form warm emotional relationships with one or more responsive caregivers. Babies who have illnesses, disabilities or other conditions that interfere with their ability to form and enjoy human relationships require special attention.

The quality of the relationship between a baby and the people who care for him every day affects the baby's development in all areas. The infant's very ability to think and to feel is developed through relationships. In addition, the quality of important relationships teaches the infant or toddler *what* to think and feel about the world and the people in it: Is the world an interesting or a frightening place? Can human beings be depended on, or should they be avoided? Are his feelings about himself and others important or not? Because relationships are so crucial to the unfolding of developmental processes, separation from a caregiver or loss of an important early relationship has an immediate impact and may also reverberate through childhood and beyond.

A parent's relationship with a particular baby is influenced by relationships among all members of the family, as well as by the infant's individual qualities. Researchers continue to discover more facets of the enduring impact of family relationships, even across generations.

Pregnancy, the process of adoption, the birth of a baby, and the presence of a developing infant in a family can evoke memories and feelings and reactive patterns of behavior and expectations. At the same time, the baby becomes the center of a set of relationships that never before existed. Hope for the infant's future often mobilizes the adults in his life to repair, strengthen, or create positive relationships that will help the whole family to grow.

Implications for training

- Prospective infant/family workers can be given opportunities to observe and learn about the variety of ways in which families incorporate new members. Sustained contact with one or two families over a period of time allows a trainee to delve into how particular infants find a place in their families and what impact that has on all other family members. Contact with infants and families from a variety of cultural backgrounds allows a trainee to explore both commonalities and differences in this process.
- Students in disciplines that have worked with parents primarily as adjunct teachers can learn much about the multidimensional nature of an infant with disabilities by attending closely to the parental responses to the baby. Professionals can learn to take advantage of the perspective of the parent not only as the child's foremost teacher but as the single most important person in his world.
- Training in developmental assessment can emphasize the importance of observing and documenting the emotional relationship between the infant and his parents and other caregivers.

3. Transactions between the infant and the environment

Enduring and responsive human relationships are critical for the infant. During the first three years of life, the safety, comfort, level and variety of stimulation available in the physical environment also affect developmental processes. It is the baby's caregivers, however, who mediate his world. Through the physical environment and the experiences they offer, they activate, nourish, and facilitate growth within and across all developmental areas or, conversely, act in ways that impede progress.

What the world *feels* like to a baby, as he learns about it through his senses and his interactions with people and things, is important and has been described by numerous researchers. As investigators conceptualize the infant as an active being, they speak of him as "processing" and "organizing" his experience, using the learning, motor, sensory and emotional tools available to him.

Implications for training

- Therapists who are preparing to work with young children with sensory or motor impairments need to learn to provide opportunities and encouragement for active exploration of the environment.
- The adult's ability to take the imaginative leap necessary to try to understand how the *baby* may be experiencing a situation is a key element in parenting,

as well as in professional interactions with young children. Parent education programs as well as training programs for professionals and paraprofessionals need to emphasize this kind of empathy and reflection.

4. Developmental processes and their interrelationship

Development in the earliest years of life is a complex process involving the interaction of forces within the child as well as interaction between the child and the environment.

The baby's interaction with the human and physical environment affects each area of development and affects them in combination. Thus, for example, a positive experience with a caregiver may encourage problem solving and language development as well as emotional growth.

The remarkable achievements and changes in ability and behavior that typically occur during the first three years of life can be recognized as occurring in **phases** and **stages**. At some points, if the child's growth is proceeding typically in its multiple domains and the environment is reasonably encouraging, new levels of developmental organization will be evident. Awareness of major developmental **milestones**, like walking and talking, has been expanded to include cognitive, social and emotional landmarks.

The concepts of **continuity**, **change**, and **prediction** are useful in thinking about how growth takes place. Researchers have addressed questions such as: What characteristics of an infant tend to remain stable over time? To what extent do critical times exist for certain kinds of development? What predictions can be made from earlier to later functioning? These are the kinds of questions that parents, particularly parents of children with disabilities or chronic illness, ask often in one form or another. Although answers to these questions are far from clear, these issues are ones with far-reaching implications for the structure and content of services to support the development of young children and families, and for training.

Implications for training

- The multiple areas of development interacting within the infant or toddler are often reflected in the multiple disciplines assembled in a team to assist the child and family. Consequently, the training of any one professional needs to include an awareness of the knowledge and expertise of related disciplines. Opportunities to function as a member of a multidisciplinary team also need to be part of professional training.
- Just as multiple areas of development are interrelated in the child, so therapeutic interventions and caregiving environments must support growth within and across all areas of development, in close association, to be maximally effective. As parents and professionals learn new skills for working with infants and toddlers, they need also to integrate these into the context of daily routines and interaction.
- The concepts of predictable tasks or challenges and ways of perceiving the world can be useful ways of thinking about phases and stages of growth for any professional who works with young children and families. Practitioners who tend to see children with developmental problems often express a need for a thorough grounding in the stages of typical development. At the same time, courses built around developmental milestones need to emphasize individual variations in all areas of development.
- Students being trained to work as professionals in a rapidly evolving field need to be as aware of unanswered questions as of state-of-the-art knowledge. All professionals need to develop tools to evaluate new research findings in their own and related disciplines and commit to continuing education as the key to continuing competence.

5. Risk, coping, adaptation and mastery

Although adults strive to protect children from needless suffering, it is clear that pain and frustration are a part of life, even for infants and toddlers. Researchers have studied risks to development and the processes of coping, adaptation and mastery of challenges. A wide range of factors, including handicapping conditions, birth injuries, poverty, and parental stress, have long been identified as **risks** to the healthy development of young children. Researchers are now pointing to the accumulation and interaction of multiple risk factors as much more damaging than any single source of stress.

But babies do not simply endure adversity; they **cope** with it. If adults can observe and understand how infants marshal their own resources and help from caregivers to cope with the challenges of their world, they will be better able to encourage the young child's creativity and initiative.

In considering the infant's **adaptation** to the environment, attention to the quality of the child's experience and the "cost" of adjustment is essential. Healthy adaptation may be seen, for example, in the toddler who consistently obeys his parent in unfamiliar surroundings but can be occasionally full of two-year-old mischief in the safe environment of home. Much different is the adaptation of a baby who is always quiet and passive in the presence of an abusing parent. While this behavior may ensure his survival in the short term, in the long term it is likely to constrict the child's social and emotional development.

Most infants and toddlers exhibit both adaptive and maladaptive behaviors. The important thing to consider is the ways in which a particular child balances inner needs or conflict with the reality of the caregiving environment.

The concept of **mastery** is helpful in understanding not only how babies overcome obstacles but how they learn in general. The infant's pleasure in discovery and delighted recognition that he has mastered a skill important to *him* provides the emotional incentive for further efforts. Curiosity and persistence will take the child far in learning. What is required, then, is caregivers who are sensitively attuned to the infant and who can engage in reciprocal rather than unilateral interactions.

Implications for training

- Unless students are systematically exposed to theoretical and research literature concerning vulnerability, coping and growth, and unless they have opportunities to learn about multiple aspects of families' circumstances, they are likely to operate from a narrow

perspective once they begin professional practice. Training experiences that provide exposure to the perspectives of a variety of disciplines and offer opportunities to observe families in a range of situations over a period of time can offset this tendency.

- Training experiences that allow students to observe infants and families repeatedly over time emphasize the importance of attention to adaptive processes, in screening, assessment and treatment. They allow students to begin to understand the quality of the child's experience and the ways in which the phenomena of vulnerability and resilience are operating.

6. Parenthood as a developmental process

Experience with healthy and with troubled parents of young children has suggested to researchers that parenthood is a developmental process, with its own challenges, stages, and demands for adaptation and accommodation. It is generally acknowledged that few parents come to the task with formal training. As parents assume new roles and responsibilities, their attitudes toward the newborn and the growing infant are influenced by their previous experiences of nurturing and being cared for, by their cultural heritage, and by current realities in their life situation. Also important are the support available to them from each other and from other family members and friends, and the characteristics of the child himself, including any illness or disability he might have.

The family can be seen as an evolving system, influenced by each of its members. In the first three years of life, the rapidly changing capacities and needs of the child stimulate different reactions in parents, which then influence subsequent relationships between and among all family members.

Implications for training

- An understanding of parent and family development and the ways in which adults learn needs to be as integral a part of professional education as child development.
- Careful attention must be focused on appropriate opportunities for trainees to study parent and family development first-hand through parent interviews, sustained contact with families, and other practices.

7. The helping relationship

When a parent and another adult undertake to work together to foster a baby's development, a relationship begins that may be enormously powerful and is always delicate. The quality of the parent/provider relationship must be of concern to anyone working with infants, toddlers and their families.

Parents, of course, have primary responsibility for their children, but they need to be able to rely on a variety of informal and professional allies who can contribute expertise and assistance. The relationships that are established, whether short or long term, should be based on respect and cooperation around shared goals. But this is not always easy to achieve given the inevitable strains that occur when people work closely together.

Relationships may become as rich and meaningful as family ties—for parents and providers alike—and they almost certainly will reflect the range of emotions, both positive and negative, that exist in any family. They will undoubtedly undergo change over time as the provider becomes less the "expert" and more the facilitator, and roles and responsibilities shift. Such partnerships can offer an opportunity for growth on both sides as issues and problems are worked on and hopefully resolved.

Both service providers and family members bring to the relationship unique knowledge and skills. In addition they bring attitudes and feelings based on their histories of involvement with their families of origin, their current families, and formal and informal helpers. Sometimes feelings are based on positive experiences of being cared for, respected, encouraged, and admired. Sometimes feelings reflect experiences of disappointment, neglect, fear or humiliation.

Whenever the well-being of a baby is at issue, feelings tend to be intensified, for parent and service provider alike. Both are sensitive and both are vulnerable, and both want to feel capable and effective. A commitment to listen and to try to uncover how the parent is experiencing the helping relationship can add a rich dimension to professional practice and give the parent a clear signal that his or her perspective is both needed and wanted.

Implications for training

- As relationships between parents and professionals are reconceptualized, careful attention is needed to the training experiences that will enable professionals to assume supportive, informed, but non-authoritarian roles. Some options include more widespread use of practica and the use of parents in the training of personnel.
- Students need opportunities to explore the vulnerabilities and unrealistic expectations they may bring to relationships. For example, a wish to be unfailingly nurturing, a dread of not knowing "the answer," a desire to supersede or displace the mother are each issues that need to be fully explored.
- Training experiences should be designed to help practitioners understand the impact of their own experiences with their family of origin and current family, and their expectations of how family members "should" behave.

Many volumes have been written about each of the core concepts described above. Theoretical elaboration and empirical testing of these ideas continue to enrich the field. Readers are encouraged to use the sources listed in Appendix B to obtain additional information about infant/family literature, research and training within individual disciplines and across disciplines.

Appendix B: Resources for further information

The following organizations, in general, are resources for information on scholarly and professional publications, accredited preservice training programs, continuing education initiatives, and standards for practice.

Professional Organizations

American Academy of Child & Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 966-7300

American Academy of Family Physicians
600 Maryland Avenue, SW
Washington, DC 20024
(202) 488-7448

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
(708) 228-5005

American Association for Marriage and Family Therapy
1717 K Street, NW, #407
Washington, DC 20006
(202) 429-1825

American Association of Pastoral Counselors
9508-A Lee Highway
Fairfax, VA 22031
(703) 385-6967

American College of Nurse-Midwives
1522 K Street, NW, Suite 1000
Washington, DC 20005
(202) 289-0171

American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20004
(202) 638-5577

American Dietetic Association
216 West Jackson Boulevard
Chicago, IL 60606-6995
1-800-877-1600

American Nurses Association
Center for Nursing Practice
2420 Pershing Road
Kansas City, MO 64108
(816) 474-5720

American Occupational Therapy Association
1383 Piccard Drive
Box 1725
Rockville, MD 20850
(301) 948-9626

American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314
(703) 684-2782

American Psychological Association
1200 17th Street, NW
Washington, DC 20036
(202) 955-7600

American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
(301) 897-5100

ASPO/Lamaze
1840 Wilson Blvd., Suite 204
Arlington, VA 22201
(703) 524-7802

Childbirth Education Association
P.O. Box 1609
Springfield, VA 22151
(703) 941-7183

Child Welfare League of America
440 First Street, NW
Washington, DC 20001
(202) 638-2952

Council for Early Childhood Professional Recognition
1718 Connecticut Avenue, NW
Suite 500
Washington, DC 20007
(202) 265-9090

Council for Exceptional Children
The Division for Early Childhood
1920 Association Drive
Reston, VA 22091
(703) 620-3660

Family Resource Coalition
230 North Michigan Avenue
Suite 1625
Chicago, IL 60601
(312) 726-4750

Federation for Children with Special Needs
95 Berkeley Street, Room 104
Boston, MA 02116
(617) 482-2915

International Nanny Association
P.O. Box 26522
Austin, TX 78755-0522
800-274-6462

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Avenue, NW
Washington, DC 20009-5786
(202) 232-8777

National Association for Family Day Care (NAFDC)
Children's Foundation
725 15th Street, NW, Suite 505
Washington, DC 20005
800-359-3817 or (202) 347-3356

National Association of Pediatric Nurse Associates & Practitioners
1101 Kings Highway North, Suite 206
Cherry Hill, NJ 08034
(609) 667-1773

National Association of Social Workers
7981 Eastern Avenue
Silver Spring, MD 20910
(301) 565-0333

National Foster Parent Association, Inc.
226 Kilts Drive
Houston, TX 77024
(713) 467-1850

Interdisciplinary Organizations Concerned with Infants and Toddlers

Association for the Care of Children's Health
3615 Wisconsin Avenue, NW
Washington, DC 20016
(202) 244-1801

Healthy Mothers, Healthy Babies
409 12th Street, SW
Washington, DC 20024-2188
(202) 863-2458

INTERACT
20 Hollis Road
East Brunswick, NJ 08816
(201) 390-0134
(leave message)

International Association for Infant Mental Health (IAIMH)
Psychology Research Bldg., Room 129
Michigan State University
East Lansing, MI 48824-1117
(517) 355-4599

International Society for Infant Studies (ISIS)
4260 Girouard, Suite 100
Montreal, Quebec
Canada H4A 3C9
(514) 485-0855

National Association for Perinatal Addiction Research and Education (NAPARE)
11 E. Hubbard St., Suite 200
Chicago, IL 60611
(312) 329-2512

National Center for Clinical Infant Programs
2000 14th St., North, Suite 380
Arlington, VA 22201-2500
(703) 528-4300

Parent Care, Inc.
101½ South Union St.
Alexandria, VA 22314
(703) 836-4678

Society for Research in Child Development (SRCD)
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